S. District Court Courthouse Way ite 2300 ston, MA 02210 PAYEE'S NAME AND	y	DATE VOUCHER PREPARENT TO THE CONTRACT NUMBER A		/ 1	SCHE	OULE NO.	
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NAME AND							
ADDRESS -	CLAUDIA DUTRA						
	15 DAKLAND STREET	<u>et</u>			DATE	INVOICE RECEIVED	
-	New BURNETON MA DIG	WBURKEPORT MA 0195			DISCOUNT TERMS		
S.S. Number -	068-52-2788	HONE	(978)	1255-11	54 PAYE	E'S ACCOUNT NUMBER	
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Previous edition usable

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failu~e to furnish this information will hinder discharge of the payment obligation.